



## Complete Summary

### TITLE

Frequency of ongoing prenatal care: percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received less than 21%, 21% to 40%, 41% to 60%, 61% to 80%, or greater than or equal to 81% of the expected number of prenatal care visits.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Access

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits.

- Less than 21% of expected visits
- 21% to 40% of expected visits
- 41% to 60% of expected visits

- 61% to 80% of expected visits
- Greater than or equal to 81% of expected visits

**Note from the National Quality Measures Clearinghouse (NQMC):** For this measure there is both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.

## **RATIONALE**

This measure looks at the use of prenatal care services. It tracks Medicaid-enrolled women who had live births during the past year to determine the percentage of recommended prenatal visits they had.

Complications can arise at any time during pregnancy. For that reason, continued monitoring throughout pregnancy is necessary. Frequency and adequacy of ongoing prenatal visits are important factors in minimizing pregnancy problems.

The American College of Obstetricians and Gynecologists recommends that prenatal care begin as early as possible in the first trimester of pregnancy. Visits should follow a schedule.

- Every 4 weeks for the first 28 weeks of pregnancy
- Every 2 to 3 weeks for the next 7 weeks
- Weekly thereafter until delivery

## **PRIMARY CLINICAL COMPONENT**

Pregnancy; prenatal care

## **DENOMINATOR DESCRIPTION**

Medicaid-enrolled women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Women who had an unduplicated count of less than 21%, 21% to 40%, 41% to 60%, 61% to 80%, or greater than or equal to 81% of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age

Refer to the original measure documentation for steps to calculate each woman's ratio of observed-to-expected prenatal care visits.

## **Evidence Supporting the Measure**

## **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
 Decision-making by businesses about health-plan purchasing  
 Decision-making by consumers about health plan/provider choice  
 External oversight/Medicaid  
 External oversight/State government program  
 Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
 Managed Care Plans  
 Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
 Nurses  
 Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Female (only)

## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

Unspecified

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Staying Healthy

#### **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Medicaid-enrolled women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement

year, who were continuously enrolled between 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Medicaid-enrolled women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year

Women who delivered in a birthing center should be included in this measure.

Refer to Tables PPC-A and PPC-B in the original measure documentation for administrative codes.

*Multiple births.* Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year should count twice. Women who have multiple live births during one pregnancy should be counted once in the measure.

### **Exclusions**

Exclude members for whom a prenatal visit is not indicated (refer to Table FPC-A in the original measure documentation for details).

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Institutionalization

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Women who had an unduplicated count of less than 21%, 21% to 40%, 41% to 60%, 61% to 80%, or greater than or equal to 81% of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age

Refer to the original measure documentation for steps to calculate each woman's ratio of observed-to-expected prenatal care visits.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Episode of care

**DATA SOURCE**

Administrative data

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Frequency Distribution

**INTERPRETATION OF SCORE**

Better quality is associated with a score falling within a defined interval

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

## Identifying Information

### ORIGINAL TITLE

Frequency of ongoing prenatal care (FPC).

### MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

### MEASURE SET NAME

[Use of Services](#)

### DEVELOPER

National Committee for Quality Assurance

### FUNDING SOURCE(S)

Unspecified

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

### FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

1998 Jan

**REVISION DATE**

2008 Jul

**MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

**SOURCE(S)**

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

**MEASURE AVAILABILITY**

The individual measure, "Frequency of Ongoing Prenatal Care (FPC)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

**NQMC STATUS**

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003. This NQMC summary was updated by ECRI Institute on August 4, 2006, and again on August 11, 2008. The information was verified by the measure developer on September 26, 2008. This NQMC summary was updated again by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to *HEDIS Volume 2: Technical Specifications*, available from the NCQA Web site at [www.ncqa.org](http://www.ncqa.org).

## Disclaimer

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